

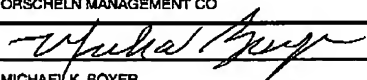
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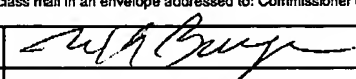
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/729,339	RECEIVED CENTRAL FAX CENTER NOV 01 2004
	Filing Date	DECEMBER 04, 2003	
	First Named Inventor	TAYLOR	
	Art Unit	1711	
	Examiner Name	UNKNOWN	
Total Number of Pages in This Submission	11	Attorney Docket Number	DE0100T-1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks CONFIRMATION NO.: 1133		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	ORSCHLON MANAGEMENT CO	
Signature		
Printed name	MICHAEL K. BOYER	
Date	NOVEMBER 01, 2004	Reg. No. 33,085

CERTIFICATE OF TRANSMISSION/MAILING 703 872-9306		
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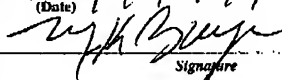
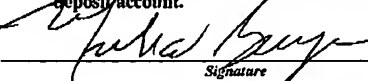
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TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c))			Docket No. DE010DT-1
In Re Application Of: DONALD W. TAYLOR ET AL.			
Serial No. 10/729,339	Filing Date DECEMBER 04, 2003	Examiner UNKNOWN	Group Art Unit 1711
Title: METAL ACRYALTES AS CURING AGENTS FOR POLYBUTADIENES, MELAMINES AND EPOXY FUNCTIONAL COMPOUNDS			
CONFIRMATION NO.			
<p>Address to:</p> <p>Assistant Commissioner for Patents</p> <p>Washington, D.C. 20231</p> <p>37 CFR 1.97(b)</p> <p>1. <input checked="" type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application; within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; or before the mailing date of a first Office Action on the merits, whichever event occurs last.</p> <p>37 CFR 1.97(c)</p> <p>2. <input type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed after three months of the filing of a national application, or the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; or after the mailing date of a first Office Action on the merits, whichever occurred last but before the mailing date of either:</p> <p style="margin-left: 40px;">1. a Final Action under 37 CFR 1.113, or</p> <p style="margin-left: 40px;">2. a Notice of Allowance under 37 CFR 1.311,</p> <p style="margin-left: 40px;">whichever occurs first.</p> <p>Also submitted herewith is:</p> <p><input type="checkbox"/> a certification as specified in 37 CFR 1.97(e);</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> the fee set forth in 37 CFR 1.17(p) for submission of an Information Disclosure Statement under 37 CFR 1.97(c).</p>			

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c))			Docket No. DE010DT-1
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Title: METAL ACRYALTES AS CURING AGENTS FOR POLYBUTADIENES, MELAMINES AND EPOXY FUNCTIONAL COMPOUNDS			
CONFIRMATION NO.			
<p style="text-align: center;">Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))</p> <p><input type="checkbox"/> A check in the amount of _____ is attached.</p> <p><input checked="" type="checkbox"/> The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No. 15-0680 as described below. A duplicate copy of this sheet is enclosed.</p> <p style="margin-left: 40px;"> <input type="checkbox"/> Charge the amount of <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional fee required. </p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p style="text-align: center;">Certificate of Transmission by Facsimile*</p> <div style="border: 1px solid black; padding: 5px;"> <p>I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fax No. 703 872 9010) on <u>11/01/04</u> (Date)</p> <p style="text-align: center;"> Signature</p> <p style="text-align: center;">MICHAEL K. BOYER Typed or Printed Name of Person Signing Certificate</p> </div> </div> <div style="width: 48%;"> <p style="text-align: center;">Certificate of Mailing by First Class Mail</p> <div style="border: 1px solid black; padding: 5px;"> <p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</p> <p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p> <p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p> </div> </div> </div> <p style="font-size: small;">*This certificate may only be used if paying by deposit account.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;"> Signature</p> <p>MICHAEL K. BOYER - USPTO REG NO 33,085 ATTORNEY FOR APPLICANTS ORSCHELN MANAGEMENT CO 2000 US HWY 63 SOUTH MOBERLY, MISSOURI 65270 TEL: 660 269-4536 FAX: 660 269-4530 EMAIL: MBOYER@ORSCHELN.COM</p> </div> <div style="width: 50%;"> <p>Dated: NOVEMBER 01, 2004</p> </div> </div>			
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